THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401

TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov



MEMORANDUM RE FORM L-1

TO: ALL APPLICANTS & LOBBYISTS

FROM: Gordy Higgins, Commissioner

E-mail Addresses:

It is the policy of this agency to communicate electronically whenever possible, thereby reducing operating costs. I am requesting that each individual filing a Form L-1 Lobbyist License Application provide, if available, their e-mail address and the e-mail address(es) of their Principal(s). Thereafter, correspondence sent to the applicant or Lobbyist and Principal(s) will be via e-mail.

Principal's Representative:

A Principal's representative (signing authority) should be an individual familiar with the terms of the lobbying agreement with the Principal's Lobbyist and who either personally will file or supervise and approve the filing of any necessary lobbying reports on behalf of the Principal in compliance with applicable lobbying statutes and rules. The Principal's representative also will be the individual to whom future correspondence and inquiries from the Commissioner's office about lobbying activities or reports will be addressed.

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FORM L-1 INSTRUCTIONS (Revised 3/05) LOBBYIST LICENSE APPLICATION

To Be Filed by Applicant Together With \$150 Filing Fee



An individual who receives payments of \$2,200 or more in a calendar year (excluding reimbursements for personal living expenses) to promote, oppose, or modify the introduction or enactment of legislation on behalf of one or more Principals must complete and file a Form L-1.

WHAT INFORMATION IS TO BE REPORTED?

The following information is required:

- applicant's full name, complete business mailing address, e-mail address, and business telephone number:
- each Principal's full name, complete business mailing address, full name of Principal's representative (signing authority) and the e-mail address and telephone number of the Principal's representative;
- specific subjects of legislation the individual is authorized to promote, oppose, or modify on behalf of each Principal; and
- date individual was employed to promote, oppose, or modify the introduction or enactment of legislation on behalf of the Principal.

WHEN MUST A FORM L-1 BE FILED?

An applicant for a Lobbyist License must file a Form L-1 within five (5) business days after entering into an oral or written agreement to receive payment(s) of \$2,200 or more or after receiving payment(s) of \$2,200 or more for the purpose of promoting, opposing, or modifying the introduction or enactment of legislation on behalf of the Principal or Principals.

WHERE MUST A FORM L-1 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above together with a \$150 filing fee.
- One copy is to be retained for the applicant's records.

REGISTRATION AND LICENSURE OF A LOBBYIST IS NOT COMPLETE UNTIL:

- AN APPLICATION (FORM L-1) IS FILED;
- A FEE OF \$150 IS PAID; AND
- AN AUTHORIZATION STATEMENT (FORM L-2) IS FILED BY THE PRINCIPAL.

Please note:

Licenses expire on December 31 of each even-numbered year, unless terminated sooner.

The information on Form L-1 is required in accordance with 5-7-102, 5-7-103, 5-7-108, 5-7-112, 5-7-201 through 5-7-204, and 5-7-208 Montana Code Annotated.



COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643 WEBSITE: www.politicalpractices.mt.gov FORM L-1 (Revised 1/04) LOBBYIST LICENSE APPLICATION To Be Filed by Applicant Together With \$150 Filing Fee ORIGINAL FILING AMENDED FILING	FOR OFFICE USE ONLY Date Received and Postmark Date		
APPLICANT INFORMATION (Please Print)			
Full Name of Applicant			
Applicant's Complete Business Mailing Address (Including City, State, Zip)			
Applicant's E-MAIL ADDRESS Applicant's Bus	siness Telephone Number		
PRINCIPAL INFORMATION (Please Print)			
FININGIFAL INFORMATION (<u>Flease Filir</u>)			
Full Name of Principal			
Principal's Complete Business Mailing Address (Including City, State, Zip)			
Full Name of Principal's Representative (Signing Authority)			
E-MAIL ADDRESS (Signing Authority) Telephone N	Number (Signing Authority)		
SPECIFIC SUBJECTS OF LEGISLATION APPLICANT IS AUTHORIZED TO PROMOTE, OPPOSE, OR MODIFY:			
Date individual was employed to lobby:			
CERTIFICATION			
I,, certify that the information provided in this PRINT Full Name of Applicant			
application is complete and correct. SIGNATURE of Applicant			
	Date		

ADDITIONAL PRINCIPALS		PAGE
PRINCIPAL INFORMATION (Please Print)		
Full Name of Principal		
Principal's Complete Business Mailing Address (Including Cit	y, State, Zip)	
Full Name of Principal's Representative (Signing Authority)		
E-MAIL ADDRESS (Signing Authority)	Telephone Number (Signing Authority)	
SPECIFIC SUBJECTS OF LEGISLATION APPLICANT IS AUTH	HORIZED TO PROMOTE, OPPOSE, OR MO	DIFY:
Date individual was employed to lobby:		
PRINCIPAL INFORMATION (Please Print)		
Full Name of Principal		
Principal's Complete Business Mailing Address (Including City, State, Zip)		
Full Name of Principal's Representative (Signing Authority)		
E-MAIL ADDRESS (Signing Authority)	Telephone Number (Signing Authority)	
SPECIFIC SUBJECTS OF LEGISLATION APPLICANT IS AUTHORIZED TO PROMOTE, OPPOSE, OR MODIFY:		
Date individual was employed to lobby:		
PRINCIPAL INFORMATION (Please Print)		
Full Name of Principal		
Principal's Complete Business Mailing Address (Including City, State, Zip)		
Full Name of Principal's Representative (Signing Authority)		
E-MAIL ADDRESS (Signing Authority)	Telephone Number (Signing Authority)	
SPECIFIC SUBJECTS OF LEGISLATION APPLICANT IS AUTHORIZED TO PROMOTE, OPPOSE, OR MODIFY:		
Date individual was employed to lobb	y:	

NAME of APPLICANT: